MEDICAID CLAIMS WORKLOAD

AND

PROCESSING TIMES REPORT

OCTOBER - DECEMBER 1984

REPORTS
RA
412
.4
M42237
1984:Oct.-
Dec.

HCFA

Bureau of Quality Control

RA
412.4
.M42237
1984
Oct.-Dec.

INTRODUCTION

The Medicaid Claims Workload and Processing Times Report is prepared on a quarterly basis by the Bureau of Quality Control, Division of Reports and Analysis. This report is designed to provide current information on workloads as well as timeliness of claims processing activities as reported by State agencies on the Monthly Statistical Report on Medical Care - Part IV (HCFA-120).

It is intended that the information in this report be used to identify individual State trends as well as problem areas toward which program monitoring activities should be directed in order to improve the timeliness of claims processing by the States. However, the information in this report cannot be used to determine the State's compliance with respect to the standards spelled out in the timely claims payment regulation (42 CFR 447.45). This regulation added new Medicaid State plan requirements for timely processing of claims from practitioners who are in individual or group practice or who practice in shared health facilities.

As part of the requirements of this regulation, Medicaid agencies must pay certain percentages of "clean" claims within specific time periods measured from date of receipt. The regulation gives the States the option of defining a claim as (1) a bill for services, (2) a line item of service or (3) all services for one recipient within a bill. "Clean" claims are those claims that can be processed without obtaining additional information from the provider of services or from a third party.

In contrast to the above, the information shown in this report is based on the following criteria:

(1) Common definition of a claim for each type of service category,

(2) claims processing time for State agencies determined using adjudication date instead of payment date, and

(3) inclusion of all paid claims and not just "clean" paid claims.

Therefore, because of these dissimilarities the information contained in this report cannot be used to determine adherence to the timely claims payment regulation.

Division of Reports and Analysis
June 1985

The following data on claims paid under the Medicaid Program are included in table 1 of this report by type of service:

Number of Claims

Percent Distribution of Claims by Type

Average Days from Date of Receipt to Date of Adjudication

Percent of Claims Requiring 30 Days or Less from Date of Receipt to Date of Adjudication

Percent of Claims Requiring 90 Days or Less from Date of Receipt to Date of Adjudication

At the end of the report is an Appendix providing definitions for claims and claim categories along with explanations of table headings for table 1. Comments and questions regarding the content and format of this report should be directed to: Health Care Financing Administration, Bureau of Quality Control, Office of Program Quality Evaluation, Room 260 East High Rise, 6325 Security Boulevard, Baltimore, Maryland 21207, (301) 594-9494.

MEDICAID CLAIMS WORKLOAD AND PROCESSING TIMES REPORT
OCTOBER - DECEMBER 1984

Executive Summary

- o A review of the State's Medicaid claim processing times for the October-December 1984 quarter showed both positive and negative changes when compared to the same 1983 quarter.
  - + Average days needed to adjudicate a claim decreased from 14.0 days to 13.3 days.
  - + The percentage of claims processed within 30 days increased slightly from 94.2 percent to 94.8 percent.
  - + The percentage of claims processed within 90 days decreased slightly from 99.7 percent to 99.6 percent.
  - + The percentage of States processing over 99 percent of their claims within 90 days decreased from 96.0 percent for the 1983 quarter to 87.5 percent for the 1984 quater.
- o A comparison of claims volume for the identical 30 States that reported complete data for both th 1983 and 1984 October - December quarters revealed a workload increase of 7.1 percent (95.2 million claims processed during the 1984 quarter compared to 88.9 million claims processed in the 1983 quarter).

MEDICAID CLAIMS WORKLOAD AND PROCESSING TIMES TABLES

OVERVIEW

The following tables are included in this report:

- Table A shows national data on the number of adjudicated claims and the percent distribution by type of claim for the most recent five quarters.

- Table B shows national data on processing times for all claims combined, and average processing time by selected types of claim for the most recent five quarters.

- Table C compares data on the number and the percent distribution of reporting States by the percent of all claims processed in 90 days or less for the October-December quarters for 1983 and 1984.

- Table 1 shows workload and processing time data by State for October-December 1984.

TABLE A: NUMBER OF MEDICAID CLAIMS AND PERCENT DISTRIBUTION BY TYPE OF CLAIM FOR REPORTING STATES
OCTOBER 1983 - DECEMBER 1984

Quarter	Number of Reporting States	Adjudicated Claims	Percent of Distribution by Type of Claim								
			Total	Physician	Prescribed Drugs	Outpatient Hospital	Dental and Other Prac.	Inpatient Hospital	Long Term Care	Part A/ Part B Crossover	All Other Claims
1983											
October-December	53	126,749,621	100.0	18.8	34.8	10.0	8.2	0.8	2.9	11.5	12.9
1984											
January-March	53	131,390,771	100.0	18.3	35.9	9.9	8.1	0.8	2.9	11.1	12.9
April-June	52	140,243,478	100.0	18.5	33.7	10.3	8.4	0.8	3.1	11.7	13.5
July-September	50	120,256,017	100.0	17.6	34.0	10.4	8.2	0.8	3.0	11.9	14.1
October-December	41	115,759,754	100.0	17.0	32.3	10.8	8.3	0.7	2.7	12.0	16.2

TABLE B: SELECTED PROCESSING TIME DATA ON ALL AND SELECTED TYPES OF MEDICAID CLAIMS ADJUDICATED 1/
OCTOBER 1983 - DECEMBER 1984

Quarter	All Types of Claims: Average Processing Time (Days)	All Types of Claims: Percent of Claims Requiring 30 Days or Less	All Types of Claims: Percent of Claims Requiring 90 Days or Less	Averaging Processing Time (Days) For Selected Types of Claims: Physician	Prescribed Drugs	Outpatient Hospital	Dental and Other Prac.	Inpatient Hospital	Long Term Care	Part A/Part B Crossover	All Other Claims
1983											
October-December	14.0	94.2	99.7	17.7	12.5	14.5	16.2	16.6	8.7	9.7	15.8
1984											
January-March	15.0	92.8	99.7	18.6	13.6	15.1	18.3	17.0	8.7	10.4	17.0
April-June	13.8	95.2	99.7	17.3	12.5	15.0	15.2	16.1	8.1	9.9	15.5
July-September	14.2	91.9	99.6	18.1	12.9	15.9	15.2	17.3	10.1	9.7	15.6
October-December	13.3	94.8	99.6	17.1	11.7	13.7	14.0	16.1	9.0	10.7	14.5

1/ From date received to date adjudicated.

TABLE C: NUMBER AND PERCENT DISTRIBUTION OF REPORTING STATES BY PERCENT OF TOTAL CLAIMS PROCESSED IN 90 DAYS OR LESS FROM DATE OF RECEIPT TO DATE OF ADJUDICATION FOR OCTOBER-DECEMBER QUARTERS 1983 VS 1984

Percent of Claims Adjudicated	October-December 1983		October-December 1984	
	Number of States	Percent Distribution	Number of States	Percent Distribution
Less than 97.0	0	0	2	5.0
97.1 - 98.0	1	2.0	0	0
98.1 - 99.0	1	2.0	3	7.5
99.1 - 100.0	49	96.0	35	87.5
TOTAL	51 1/	100.0	40 1/	100.0

1/ One State agency reporting workload data failed to report average days from receipt to adjudication.

TECHNICAL NOTES

In analyzing the national data as shown on table 1, it should be noted that a few States did not submit all of the monthly reports (Part IV of HCFA-120) for the subject period covered in this report. This fact is indicated by the footnote "1" next to the State name. In order to ascertain whether a State processed a particular claim type or did not submit any reports, it is necessary to refer to the part of the table showing "Total Claims." Where zeroes appear under the column heading "Number of Claims" on this table, those States did not submit any reports for the subject report period. A footnote "1" with corresponding data, however, indicates that one or more (but not all) reports were submitted for that report period. A footnote "2" indicates that although all reports were submitted for the subject period, not all data were used in the calculations due to some reporting error on the part of that State. On the other hand, if a State provides counts of claims workload but did not submit processing time data (i.e. completes only column 1 on workload data on Part IV of the HCFA-120) asterisks (***) will appear under the appropriate column headings indicating it was impossible to perform the calculations on these data.

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, OCTOBER-DECEMBER 1984

HHS REGION AND STATE	PHYSICIAN CLAIMS: NUMBER OF CLAIMS	PHYSICIAN CLAIMS: PERCENT OF TOTAL	PHYSICIAN CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	PHYSICIAN CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	PHYSICIAN CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS	PRESCRIBED DRUGS: NUMBER OF CLAIMS	PRESCRIBED DRUGS: PERCENT OF TOTAL	PRESCRIBED DRUGS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	PRESCRIBED DRUGS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	PRESCRIBED DRUGS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS
TOTALS FOR REPORTING STATES1/	19,702,510	17.0	17.1	90.3	99.1	37,398,608	32.3	11.7	96.9	99.9
BOSTON 1/	888,551	12.6	15.2	91.6	98.9	2,372,604	33.6	7.9	97.7	99.9
CONNECTICUT.....	199,537	10.9	17.5	85.4	99.3	697,255	38.2	9.0	95.6	100.0
MAINE.....	166,849	20.1	10.7	96.7	99.7	286,323	34.5	8.4	99.6	99.9
MASSACHUSETTS...	423,321	11.2	14.8	91.0	98.1	1,115,724	29.4	7.0	98.1	99.9
NEW HAMPSHIRE...1/	0	.0	---	---	---	0	.0	---	---	---
RHODE ISLAND....1/	28,953	10.8	6.9	100.0	100.0	149,619	55.9	9.0	100.0	100.0
VERMONT.....	69,891	20.8	26.0	97.5	99.7	123,683	36.9	6.9	99.9	100.0
NEW YORK	4,194,317	13.1	13.3	97.1	99.9	8,933,417	28.0	12.5	97.6	99.9
NEW JERSEY.....	797,838	23.1	9.4	98.4	99.9	1,641,949	47.5	11.0	97.0	99.8
NEW YORK.....	3,396,467	12.2	14.2	96.8	99.9	7,289,141	26.2	12.8	97.8	100.0
PUERTO RICO.....	0	.0	---	---	---	0	.0	---	---	---
VIRGIN ISLANDS..	12	.1	39.0	58.3	91.7	2,327	15.6	52.9	10.8	71.6
PHILADELPHIA 1/	2,284,445	14.7	13.1	95.9	99.9	4,818,410	30.9	10.8	97.7	100.0
DELAWARE.....	49,756	28.8	12.1	94.8	99.6	75,916	44.0	9.7	99.9	100.0
WASHINGTON D.C..	237,261	25.4	21.4	80.1	99.7	199,760	21.4	21.2	76.1	99.6
MARYLAND.....1/	1,307,139	12.7	13.8	97.1	99.9	2,593,429	25.3	12.3	97.8	100.0
PENNSYLVANIA....1/	253,118	11.0	15.6	98.4	100.0	1,023,953	44.5	11.2	99.4	100.0
VIRGINIA.....	437,171	23.0	5.0	99.7	100.0	925,352	48.7	4.1	100.0	100.0
WEST VIRGINIA...1/	0	.0	---	---	---	0	.0	---	---	---
ATLANTA 1/	2,281,658	20.4	9.7	95.1	99.7	5,019,134	44.9	7.5	99.4	100.0
ALABAMA.....1/	0	.0	---	---	---	0	.0	---	---	---
FLORIDA.....	750,111	21.9	6.0	99.8	100.0	1,600,720	46.8	7.8	100.0	100.0
GEORGIA.....1/	0	.0	---	---	---	0	.0	---	---	---
KENTUCKY.....1/	191,998	26.3	7.9	98.6	99.9	263,195	36.1	2.8	100.0	100.0
MISSISSIPPI.....	387,950	23.1	9.1	91.6	100.0	774,894	46.0	9.5	97.6	100.0
NORTH CAROLINA..	359,474	18.5	8.6	99.2	100.0	839,012	43.3	5.7	99.8	100.0
SOUTH CAROLINA..1/	203,759	30.4	8.0	95.1	98.2	277,933	41.5	5.2	97.6	99.7
TENNESSEE.....	388,366	14.2	20.1	84.0	99.1	1,263,380	46.2	8.6	99.9	100.0
CHICAGO 1/	2,717,130	21.0	16.4	91.1	99.8	4,582,998	35.5	11.8	99.2	99.9
ILLINOIS.....1/	0	.0	---	---	---	0	.0	---	---	---
INDIANA.....	407,970	16.8	18.6	92.2	99.8	1,114,942	45.9	9.9	99.5	100.0
MICHIGAN.....	1,979,178	27.7	16.4	89.8	99.8	2,355,839	32.9	13.9	98.8	99.9
MINNESOTA.....1/	0	.0	---	---	---	0	.0	---	---	---
OHIO.....1/	0	.0	---	---	---	0	.0	---	---	---
WISCONSIN.....	329,982	9.9	13.2	97.7	99.7	1,112,217	33.3	9.4	99.7	99.9

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, OCTOBER-DECEMBER 1984

HHS REGION AND STATE	PHYSICIAN CLAIMS: NUMBER OF CLAIMS	PHYSICIAN CLAIMS: PERCENT OF TOTAL	PHYSICIAN CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	PHYSICIAN CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	PHYSICIAN CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS	PRESCRIBED DRUGS: NUMBER OF CLAIMS	PRESCRIBED DRUGS: PERCENT OF TOTAL	PRESCRIBED DRUGS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	PRESCRIBED DRUGS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	PRESCRIBED DRUGS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS
DALLAS 1/	1,890,920	19.7	17.7	89.6	98.9	3,993,729	41.5	10.9	98.1	99.9
ARKANSAS	207,951	14.6	16.4	92.0	100.0	647,931	45.6	8.4	99.9	100.0
LOUISIANA	562,261	22.4	20.1	94.4	99.9	1,178,738	46.9	12.4	99.7	100.0
NEW MEXICO 1/	33,501	21.5	14.5	92.1	99.7	65,245	41.9	8.6	97.4	100.0
OKLAHOMA	192,348	18.3	44.7	40.1	90.8	308,772	29.3	23.0	80.6	99.3
TEXAS	894,859	20.0	10.7	96.5	99.8	1,793,043	40.1	8.9	99.4	100.0
KANSAS CITY 1/	699,577	21.5	8.9	94.8	99.5	1,254,224	38.6	3.9	99.2	100.0
IOWA 1/	0	.0	---	---	---	0	.0	---	---	---
KANSAS	207,080	24.0	4.0	99.7	100.0	362,240	42.0	2.1	100.0	100.0
MISSOURI	492,497	20.6	11.0	92.8	99.3	891,984	37.3	4.6	98.8	99.9
NEBRASKA 1/	0	.0	---	---	---	0	.0	---	---	---
DENVER 1/	204,433	13.8	21.2	84.5	98.6	694,827	46.9	9.6	99.3	99.9
COLORADO	58,192	7.4	21.0	90.7	99.7	406,205	51.8	8.9	100.0	100.0
MONTANA	36,614	17.5	18.8	92.7	98.5	110,601	53.0	13.5	97.1	99.6
NORTH DAKOTA	58,493	21.8	24.9	72.8	96.6	103,064	38.4	8.3	99.0	99.9
SOUTH DAKOTA	33,221	17.8	12.3	98.4	100.0	74,957	40.1	8.7	99.8	100.0
UTAH 1/	0	.0	---	---	---	0	.0	---	---	---
WYOMING	17,913	52.9	30.7	60.4	99.1	0	.0	---	---	---
SAN FRANCISCO 1/	4,171,518	20.2	28.5	76.9	97.3	5,020,662	24.3	20.2	87.9	99.7
CALIFORNIA	4,040,935	19.9	28.8	76.5	97.2	4,872,279	24.0	20.6	87.7	99.7
GUAM 1/	5,090	34.9	26.2	59.8	98.7	6,199	42.5	24.9	68.0	100.0
HAWAII 1/	96,124	36.6	17.2	90.8	99.3	87,778	33.4	12.1	95.9	99.7
NEVADA	29,369	19.1	22.3	91.3	98.9	54,406	35.3	3.4	99.5	99.8
SEATTLE 1/	369,961	17.7	20.9	87.6	99.9	708,603	33.9	10.1	99.2	99.9
ALASKA 1/	0	.0	---	---	---	0	.0	---	---	---
IDAHO	37,834	16.7	16.4	84.3	99.9	65,760	29.0	10.5	97.6	99.0
OREGON 1/	0	.0	---	---	---	0	.0	---	---	---
WASHINGTON	332,127	17.8	21.5	88.0	99.9	642,843	34.5	10.0	99.4	100.0

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, OCTOBER-DECEMBER 1984

HHS REGION AND STATE	OUTPATIENT CLAIMS: NUMBER OF CLAIMS	OUTPATIENT CLAIMS: PERCENT OF TOTAL	OUTPATIENT CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	OUTPATIENT CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	OUTPATIENT CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS	DENTAL AND OTHER PRACTITIONER SERVICES: NUMBER OF CLAIMS	DENTAL AND OTHER PRACTITIONER SERVICES: PERCENT OF TOTAL	DENTAL AND OTHER PRACTITIONER SERVICES: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	DENTAL AND OTHER PRACTITIONER SERVICES: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	DENTAL AND OTHER PRACTITIONER SERVICES: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS
TOTALS FOR REPORTING STATES 1/	12,457,681	10.8	13.7	94.9	99.8	9,589,088	8.3	14.0	95.6	99.7
BOSTON 1/	662,412	9.4	8.4	96.1	99.4	615,128	8.7	11.5	96.0	99.7
CONNECTICUT	116,873	6.4	9.4	93.7	99.9	146,509	8.0	12.2	95.9	99.9
MAINE	66,324	8.0	5.4	98.6	99.5	74,251	9.0	10.9	97.5	99.8
MASSACHUSETTS	451,861	11.9	8.3	96.1	99.3	343,657	9.1	11.1	95.7	99.6
NEW HAMPSHIRE 1/	0	.0	---	---	---	0	.0	---	---	---
RHODE ISLAND 1/	21,097	7.9	6.8	100.0	100.0	23,414	8.7	17.0	92.7	99.3
VERMONT	6,257	1.9	30.2	99.6	100.0	27,297	8.1	11.0	99.4	100.0
NEW YORK	4,921,605	15.4	11.5 2/	98.9 2/	99.9 2/	2,661,334	8.3	13.3	97.1	99.9
NEW JERSEY	152,937	4.4	6.1	99.6	100.0	295,986	8.6	10.2	99.1	100.0
NEW YORK	4,117,683	14.8	11.7	99.1	100.0	2,364,070	8.5	13.7	96.9	99.9
PUERTO RICO	640,854	98.5	***	***	***	0	.0	---	---	---
VIRGIN ISLANDS	10,131	68.0	38.7	3.5	57.1	1,278	8.6	51.7	33.5	85.8
PHILADELPHIA 1/	2,116,404	13.6	11.5	98.6	100.0	1,255,526	8.1	13.7	96.9	99.9
DELAWARE	13,750	8.0	10.3	97.6	99.9	3,006	1.7	13.6	94.9	99.5
WASHINGTON D.C.	220,273	23.6	9.0	96.5	100.0	18,790	2.0	27.6	77.5	99.0
MARYLAND 1/	1,527,934	14.9	11.6	98.8	100.0	899,193	8.8	13.3	97.1	99.9
PENNSYLVANIA 1/	305,590	13.3	14.1	99.1	100.0	244,166	10.6	17.3	96.7	100.0
VIRGINIA	48,857	2.6	3.5	100.0	100.0	90,371	4.8	4.9	99.9	100.0
WEST VIRGINIA 1/	0	.0	---	---	---	0	.0	---	---	---
ATLANTA 1/	625,806	5.6	7.9	99.5	100.0	656,864	5.9	9.7	97.2	99.3
ALABAMA 1/	0	.0	---	---	---	0	.0	---	---	---
FLORIDA	190,816	5.6	5.2	99.9	100.0	205,634	6.0	5.9	99.8	100.0
GEORGIA 1/	0	.0	---	---	---	0	.0	---	---	---
KENTUCKY 1/	57,786	7.9	8.9	99.5	99.9	27,983	3.8	12.9	99.3	99.9
MISSISSIPPI	45,239	2.7	11.8	97.0	100.0	99,619	5.9	4.7	94.7	100.0
NORTH CAROLINA	187,154	9.7	8.4	99.6	99.9	151,898	7.8	9.4	99.2	99.9
SOUTH CAROLINA 1/	22,307	3.3	5.0	99.9	100.0	47,623	7.1	11.3	88.1	97.4
TENNESSEE	122,504	4.5	9.6	99.4	100.0	124,107	4.5	19.3	95.8	97.4
CHICAGO 1/	1,060,959	8.2	17.2	90.3	99.8	1,024,593	7.9	16.4	91.1	99.9
ILLINOIS 1/	0	.0	---	---	---	0	.0	---	---	---
INDIANA	155,209	6.4	11.8	99.5	100.0	249,367	10.3	19.6	93.3	99.9
MICHIGAN	714,805	10.0	19.4	86.1	99.8	499,354	7.0	17.3	86.4	99.9
MINNESOTA 1/	0	.0	---	---	---	0	.0	---	---	---
OHIO 1/	0	.0	---	---	---	0	.0	---	---	---
WISCONSIN	190,945	5.7	13.5	98.5	100.0	275,872	8.3	11.7	97.7	99.9

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, OCTOBER-DECEMBER 1984

HHS REGION AND STATE	OUTPATIENT CLAIMS: NUMBER OF CLAIMS	OUTPATIENT CLAIMS: PERCENT OF TOTAL	OUTPATIENT CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	OUTPATIENT CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	OUTPATIENT CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS	DENTAL AND OTHER PRACTITIONER SERVICES: NUMBER OF CLAIMS	DENTAL AND OTHER PRACTITIONER SERVICES: PERCENT OF TOTAL	DENTAL AND OTHER PRACTITIONER SERVICES: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	DENTAL AND OTHER PRACTITIONER SERVICES: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	DENTAL AND OTHER PRACTITIONER SERVICES: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS
DALLAS 1/	450,229	4.7	13.5	95.4	99.9	382,971	4.0	17.8	85.4	98.8
ARKANSAS	38,066	2.7	15.5	94.4	100.0	57,498	4.0	16.4	95.5	100.0
LOUISIANA	149,302	5.9	12.4	98.7	100.0	67,517	2.7	15.2	99.8	100.0
NEW MEXICO 1/	8,885	5.7	23.3	63.2	97.9	14,162	9.1	13.6	89.1	99.4
OKLAHOMA	13,875	1.3	33.3	49.4	99.2	62,704	6.0	46.7	27.9	93.7
TEXAS	240,101	5.4	12.3	97.3	99.9	181,090	4.1	9.6	96.5	99.8
KANSAS CITY 1/	297,775	9.2	10.0	92.9	99.6	296,155	9.1	8.6	95.7	99.9
IOWA 1/	0	.0	---	---	---	0	.0	---	---	---
KANSAS	42,956	5.0	5.4	99.6	100.0	83,404	9.7	5.6	99.5	100.0
MISSOURI	254,819	10.7	10.8	91.7	99.6	212,751	8.9	9.8	94.2	99.8
NEBRASKA 1/	0	.0	---	---	---	0	.0	---	---	---
DENVER 1/	62,516	4.2	15.4	94.7	99.8	89,047	6.0	17.5	90.2	99.6
COLORADO	37,114	4.7	14.8	96.4	100.0	23,322	3.0	22.4	87.5	100.0
MONTANA	8,602	4.1	17.7	93.5	98.8	13,133	6.3	15.3	95.9	99.5
NORTH DAKOTA	5,858	2.2	16.0	94.9	99.8	36,451	13.6	18.1	86.5	99.3
SOUTH DAKOTA	8,901	4.8	11.1	99.4	99.9	13,539	7.2	8.9	99.9	100.0
UTAH 1/	0	.0	---	---	---	0	.0	---	---	---
WYOMING	2,041	6.0	33.0	46.6	99.7	2,602	7.7	21.9	87.1	99.6
SAN FRANCISCO 1/	2,179,870	10.5	22.1	84.4	99.6	2,388,420	11.5	15.5	96.3	99.5
CALIFORNIA	2,151,131	10.6	22.0	84.6	99.6	2,342,711	11.6	15.5	96.6	99.5
GUAM 1/	2,021	13.8	23.3	80.7	100.0	558	3.8	32.3	51.8	95.0
HAWAII 1/	12,323	4.7	26.5	72.6	99.0	34,334	13.1	20.6	80.5	98.7
NEVADA	14,395	9.3	30.2	62.4	98.9	10,817	7.0	13.7	97.2	99.9
SEATTLE 1/	80,105	3.8	12.7	95.7	99.8	219,050	10.5	14.7	95.5	100.0
ALASKA 1/	0	.0	---	---	---	0	.0	---	---	---
IDAHO	15,770	7.0	16.2	86.4	100.0	14,650	6.5	14.0	92.8	100.0
OREGON 1/	0	.0	---	---	---	0	.0	---	---	---
WASHINGTON	64,335	3.5	11.8	98.0	99.7	204,400	11.0	14.8	95.6	100.0

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, OCTOBER-DECEMBER 1984

HHS REGION AND STATE	INPATIENT HOSPITAL CLAIMS					LONG TERM CARE CLAIMS				
			DATE OF RECEIPT TO DATE OF ADJUDICATION					DATE OF RECEIPT TO DATE OF ADJUDICATION		
	NUMBER OF CLAIMS	PERCENT OF TOTAL	AVERAGE DAYS	PERCENT REQUIRING 30 DAYS OR LESS	PERCENT REQUIRING 90 DAYS OR LESS	NUMBER OF CLAIMS	PERCENT OF TOTAL	AVERAGE DAYS	PERCENT REQUIRING 30 DAYS OR LESS	PERCENT REQUIRING 90 DAYS OR LESS
TOTALS FOR REPORTING STATES1/	840,399	.7	16.1	89.9	99.3	3,177,847	2.7	9.0	98.4	99.7
BOSTON 1/	69,420	1.0	15.1	91.3	97.9	385,107	5.5	4.5	97.9	99.6
CONNECTICUT.....	11,403	.6	13.1	87.0	99.5	213,327	11.7	4.0	97.6	99.5
MAINE.....	5,965	.7	10.6	94.2	98.1	36,394	4.4	3.3	98.9	99.8
MASSACHUSETTS...	47,312	1.2	16.3	91.1	97.2	111,056	2.9	5.0	99.2	99.8
NEW HAMPSHIRE...1/	0	.0	---	---	---	0	.0	---	---	---
RHODE ISLAND....1/	3,086	1.2	9.2	99.9	99.9	15,869	5.9	8.8	91.8	99.9
VERMONT.....	1,654	.5	21.6	99.6	99.8	8,461	2.5	8.6	96.3	96.8
NEW YORK	202,827	.6	12.0 2/	96.6 2/	99.8 2/	781,672	2.4	11.2	98.5	99.7
NEW JERSEY.....	29,546	.9	7.9	98.0	99.7	73,679	2.1	5.0	100.0	100.0
NEW YORK.....	163,744	.6	12.8	96.3	99.9	707,993	2.5	11.8	98.4	99.7
PUERTO RICO.....	9,442	1.5	***	***	***	0	.0	---	---	---
VIRGIN ISLANDS..	95	.6	17.7	95.8	96.8	0	.0	---	---	---
PHILADELPHIA 1/	110,703	.7	13.1	94.7	99.8	402,348	2.6	10.5	98.7	99.8
DELAWARE.....	2,002	1.2	11.9	96.8	99.7	6,430	3.7	6.6	99.5	100.0
WASHINGTON D.C..	11,673	1.2	18.6	81.7	99.5	9,412	1.0	9.0	95.3	99.2
MARYLAND.....1/	62,067	.6	13.0	96.3	99.8	258,788	2.5	11.8	98.3	99.7
PENNSYLVANIA....1/	21,649	.9	13.0	96.7	100.0	64,666	2.8	13.1	99.6	100.0
VIRGINIA.....	13,312	.7	9.1	95.4	99.5	63,052	3.3	3.4	100.0	100.0
WEST VIRGINIA...1/	0	.0	---	---	---	0	.0	---	---	---
ATLANTA 1/	117,141	1.0	9.1	98.1	99.9	296,363	2.7	7.4	99.6	100.0
ALABAMA.....1/	0	.0	---	---	---	0	.0	---	---	---
FLORIDA.....	24,677	.7	6.7	99.5	100.0	85,194	2.5	5.3	99.7	100.0
GEORGIA.....1/	0	.0	---	---	---	0	.0	---	---	---
KENTUCKY.....1/	6,417	.9	10.5	97.4	100.0	17,012	2.3	4.2	99.6	100.0
MISSISSIPPI.....	20,495	1.2	14.4	94.5	99.9	41,860	2.5	7.0	98.5	100.0
NORTH CAROLINA..	19,364	1.0	8.5	99.4	100.0	58,485	3.0	2.8	99.7	100.0
SOUTH CAROLINA..1/	27,633	4.1	6.2	98.5	99.7	24,920	3.7	4.7	99.7	99.9
TENNESSEE.....	18,555	.7	11.2	98.2	100.0	68,892	2.5	15.9	99.8	100.0
CHICAGO 1/	72,094	.6	20.1	82.9	99.5	384,822	3.0	12.8	96.5	99.7
ILLINOIS.....1/	0	.0	---	---	---	0	.0	---	---	---
INDIANA.....	16,776	.7	14.1	96.6	99.9	125,584	5.2	8.5	99.6	100.0
MICHIGAN.....	39,516	.6	23.6	73.0	99.2	129,053	1.8	18.5	90.3	99.3
MINNESOTA.....1/	0	.0	---	---	---	0	.0	---	---	---
OHIO.....1/	0	.0	---	---	---	0	.0	---	---	---
WISCONSIN.....	15,802	.5	17.8	93.2	100.0	130,185	3.9	11.2	99.7	100.0

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, OCTOBER-DECEMBER 1984

HHS REGION AND STATE	INPATIENT HOSPITAL CLAIMS: NUMBER OF CLAIMS	PERCENT OF TOTAL	AVERAGE DAYS (DATE OF RECEIPT TO DATE OF ADJUDICATION)	PERCENT REQUIRING 30 DAYS OR LESS	PERCENT REQUIRING 90 DAYS OR LESS	LONG TERM CARE CLAIMS: NUMBER OF CLAIMS	PERCENT OF TOTAL	AVERAGE DAYS (DATE OF RECEIPT TO DATE OF ADJUDICATION)	PERCENT REQUIRING 30 DAYS OR LESS	PERCENT REQUIRING 90 DAYS OR LESS
DALLAS 1/	68,742	.7	23.2	74.2	98.6	432,880	4.5	4.9	99.9	100.0
ARKANSAS	8,387	.6	19.5	83.9	99.8	48,594	3.4	.0	100.0	100.0
LOUISIANA	16,783	.7	10.1	99.7	100.0	84,734	3.4	6.3	99.8	100.0
NEW MEXICO 1/	1,567	1.0	16.1	84.9	99.4	3,216	2.1	5.0	97.7	100.0
OKLAHOMA	16,680	1.6	43.6	28.0	95.5	61,361	5.8	6.8	99.4	100.0
TEXAS	25,325	.6	20.1	84.0	99.4	234,975	5.3	5.0	100.0	100.0
KANSAS CITY 1/	27,306	.8	14.5	93.2	97.6	101,944	3.1	5.7	96.6	97.5
IOWA 1/	0	.0	---	---	---	0	.0	---	---	---
KANSAS	5,877	.7	5.2	99.8	100.0	31,869	3.7	.4	100.0	100.0
MISSOURI	21,429	.9	17.0	91.4	97.0	70,075	2.9	8.1	95.0	96.3
NEBRASKA 1/	0	.0	---	---	---	0	.0	---	---	---
DENVER 1/	15,128	1.0	20.6	84.6	99.1	82,523	5.6	5.9	99.2	99.8
COLORADO	5,320	.7	20.8	92.4	99.8	35,973	4.6	8.0	99.2	100.0
MONTANA	2,448	1.2	20.1	90.4	98.0	11,316	5.4	7.1	98.5	99.5
NORTH DAKOTA	4,928	1.8	23.0	71.9	98.7	14,929	5.6	2.5	99.8	100.0
SOUTH DAKOTA	1,800	1.0	8.4	99.1	100.0	16,428	8.8	1.9	99.7	100.0
UTAH 1/	0	.0	---	---	---	0	.0	---	---	---
WYOMING	632	1.9	37.0	53.3	96.7	3,877	11.5	13.6	95.2	97.3
SAN FRANCISCO 1/	140,560	.7	24.6	80.4	98.8	249,307	1.2	10.6	97.1	99.9
CALIFORNIA	137,399	.7	24.6	80.4	98.8	238,020	1.2	10.5	97.5	99.9
GUAM 1/	210	1.4	20.5	89.5	99.5	0	.0	---	---	---
HAWAII 1/	1,549	.6	28.0	69.0	98.9	5,222	2.0	21.9	76.8	99.7
NEVADA	1,402	.9	21.3	86.9	98.9	6,065	3.9	6.1	99.3	99.9
SEATTLE 1/	16,478	.8	16.2	91.6	99.6	60,881	2.9	13.8	99.9	100.0
ALASKA 1/	0	.0	---	---	---	0	.0	---	---	---
IDAHO	1,443	.6	17.1	82.8	100.0	9,129	4.0	5.5	99.8	100.0
OREGON 1/	0	.0	---	---	---	0	.0	---	---	---
WASHINGTON	15,035	.8	16.1	92.5	99.6	51,752	2.8	15.2	99.9	100.0

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, OCTOBER-DECEMBER 1984

HHS REGION AND STATE	CROSSOVER CLAIMS: NUMBER OF CLAIMS	CROSSOVER CLAIMS: PERCENT OF TOTAL	CROSSOVER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	CROSSOVER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	CROSSOVER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS	ALL OTHER CLAIMS: NUMBER OF CLAIMS	ALL OTHER CLAIMS: PERCENT OF TOTAL	ALL OTHER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	ALL OTHER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	ALL OTHER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS
TOTALS FOR REPORTING STATES1/	13,892,432	12.0	10.7	95.7	99.5	18,696,238	16.2	14.5	94.0	99.4
BOSTON 1/	783,277	11.1	18.8	87.9	99.5	1,274,779	18.1	12.4	94.4	99.3
CONNECTICUT	124,757	6.8	5.1	99.9	100.0	317,910	17.4	13.0	93.5	99.8
MAINE	105,375	12.7	11.2	98.6	99.9	87,252	10.5	14.1	94.9	99.6
MASSACHUSETTS	522,396	13.8	24.2	82.4	99.2	776,313	20.5	12.1	94.3	99.0
NEW HAMPSHIRE 1/	0	.0	---	---	---	0	.0	---	---	---
RHODE ISLAND 1/	6,098	2.3	12.4	90.9	99.5	19,619	7.3	11.3	97.5	99.7
VERMONT	24,651	7.3	6.2	99.5	99.8	73,685	22.0	11.8	97.0	99.1
NEW YORK	2,997,223	9.4	14.0	95.8	99.8	7,214,947	22.6	12.1	98.3	100.0
NEW JERSEY	53,717	1.6	9.3	98.1	99.9	412,471	11.9	9.2	98.5	99.9
NEW YORK	2,943,506	10.6	14.1	95.8	99.8	6,801,420	24.5	12.3	98.3	100.0
PUERTO RICO	0	.0	---	---	---	0	.0	---	---	---
VIRGIN ISLANDS	0	.0	---	---	---	1,056	7.1	57.3	23.2	70.5
PHILADELPHIA 1/	1,290,180	8.3	13.2	95.6	99.8	3,297,562	21.2	13.0	96.8	99.7
DELAWARE	9,052	5.2	12.2	93.9	99.8	12,685	7.3	12.5	94.2	99.6
WASHINGTON D.C.	36,545	3.9	17.5	88.0	99.7	200,394	21.5	31.0	78.4	96.1
MARYLAND 1/	1,100,054	10.7	14.1	95.4	99.8	2,517,338	24.5	12.2	97.8	100.0
PENNSYLVANIA 1/	17,010	.7	16.4	96.1	100.0	371,788	16.2	13.1	98.1	99.7
VIRGINIA	127,519	6.7	3.6	99.9	100.0	195,357	10.3	4.4	99.8	100.0
WEST VIRGINIA 1/	0	.0	---	---	---	0	.0	---	---	---
ATLANTA 1/	1,050,706	9.4	7.4	98.3	99.9	1,122,248	10.0	9.8	96.3	99.9
ALABAMA 1/	0	.0	---	---	---	0	.0	---	---	---
FLORIDA	267,292	7.8	13.5	98.6	99.7	294,211	8.6	4.9	99.8	100.0
GEORGIA 1/	0	.0	---	---	---	0	.0	---	---	---
KENTUCKY 1/	67,910	9.3	4.7	96.2	100.0	96,731	13.3	9.0	98.4	99.7
MISSISSIPPI	235,954	14.0	6.7	96.9	100.0	76,790	4.6	10.2	93.8	100.0
NORTH CAROLINA	135,529	7.0	1.6	99.9	100.0	187,194	9.7	8.8	99.0	100.0
SOUTH CAROLINA 1/	3,314	.5	13.1	96.9	99.5	57,160	8.5	6.2	98.4	99.7
TENNESSEE	340,707	12.4	6.1	98.9	100.0	410,162	15.0	14.5	92.2	99.7
CHICAGO 1/	942,181	7.3	12.2	95.8	99.9	2,134,206	16.5	14.2	94.2	99.9
ILLINOIS 1/	0	.0	---	---	---	0	.0	---	---	---
INDIANA	243,926	10.0	12.2	94.7	99.9	114,349	4.7	17.1	94.9	99.9
MICHIGAN	416,748	5.8	15.6	94.0	99.9	1,017,876	14.2	14.2 2/	94.1 2/	99.9 2/
MINNESOTA 1/	0	.0	---	---	---	0	.0	---	---	---
OHIO 1/	0	.0	---	---	---	0	.0	---	---	---
WISCONSIN	281,507	8.4	7.4	99.4	100.0	1,001,981	30.0	13.8	94.2	99.8

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, OCTOBER-DECEMBER 1984

HHS REGION AND STATE	CROSSOVER CLAIMS: NUMBER OF CLAIMS	CROSSOVER CLAIMS: PERCENT OF TOTAL	CROSSOVER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	CROSSOVER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	CROSSOVER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS	ALL OTHER CLAIMS: NUMBER OF CLAIMS	ALL OTHER CLAIMS: PERCENT OF TOTAL	ALL OTHER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	ALL OTHER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	ALL OTHER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS
DALLAS 1/	1,756,256	18.3	11.3	91.5	97.3	637,481	6.6	19.7	87.7	98.6
ARKANSAS	284,156	20.0	2.1	97.8	100.0	129,541	9.1	15.0	95.8	100.0
LOUISIANA	183,776	7.3	8.9	98.2	99.5	270,740	10.8	16.3	97.3	100.0
NEW MEXICO 1/	12,397	8.0	5.9	99.0	100.0	16,579	10.7	14.8	91.8	99.5
OKLAHOMA	286,337	27.2	44.8	51.5	84.0	110,942	10.5	41.3	46.4	92.5
TEXAS	989,590	22.1	4.7	99.9	100.0	109,679	2.5	12.5	95.3	99.9
KANSAS CITY 1/	219,203	6.7	1.7	99.6	99.8	356,267	11.0	9.5	93.6	99.5
IOWA 1/	0	.0	---	---	---	0	.0	---	---	---
KANSAS	45,656	5.3	1.4	100.0	100.0	82,699	9.6	4.9	99.8	100.0
MISSOURI	173,547	7.3	1.8	99.5	99.7	273,568	11.4	10.9	91.7	99.4
NEBRASKA 1/	0	.0	---	---	---	0	.0	---	---	---
DENVER 1/	130,738	8.8	7.7	96.9	99.9	202,406	13.7	18.4	90.1	99.2
COLORADO	94,134	12.0	4.6	99.8	100.0	123,843	15.8	21.1	89.0	99.1
MONTANA	2,213	1.1	24.0	86.6	95.3	23,747	11.4	14.8	91.9	98.5
NORTH DAKOTA	18,272	6.8	15.8	92.0	99.9	26,207	9.8	17.3	88.3	99.5
SOUTH DAKOTA	11,312	6.1	7.8	99.5	100.0	26,625	14.3	9.3	98.4	100.0
UTAH 1/	0	.0	---	---	---	0	.0	---	---	---
WYOMING	4,807	14.2	31.4	59.7	98.5	1,984	5.9	30.8	55.4	96.9
SAN FRANCISCO 1/	4,581,881	22.1	7.3	97.7	100.0	1,963,132	9.5	27.9	74.9	96.5
CALIFORNIA	4,548,077	22.4	7.2	97.8	100.0	1,933,053	9.5	28.0	74.7	96.4
GUAM 1/	181	1.2	21.9	81.2	99.4	335	2.3	25.9	57.6	100.0
HAWAII 1/	12,687	4.8	16.6	92.5	99.7	12,975	4.9	23.2	82.2	98.1
NEVADA	20,936	13.6	25.4	77.8	99.7	16,769	10.9	11.6	96.0	99.8
SEATTLE 1/	140,787	6.7	9.2	97.7	99.9	493,210	23.6	18.7	90.1	99.9
ALASKA 1/	0	.0	---	---	---	0	.0	---	---	---
IDAHO	15,306	6.7	11.3	88.5	100.0	66,935	29.5	14.3	88.9	99.9
OREGON 1/	0	.0	---	---	---	0	.0	---	---	---
WASHINGTON	125,481	6.7	8.9	98.9	99.9	426,275	22.9	19.3	90.2	99.9

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, OCTOBER-DECEMBER 1984

HHS REGION AND STATE	TOTAL CLAIMS - NUMBER OF CLAIMS	TOTAL CLAIMS - PERCENT OF TOTAL	TOTAL CLAIMS - DATE OF RECEIPT TO DATE OF ADJUDICATION - AVERAGE DAYS	TOTAL CLAIMS - DATE OF RECEIPT TO DATE OF ADJUDICATION - PERCENT REQUIRING 30 DAYS OR LESS	TOTAL CLAIMS - DATE OF RECEIPT TO DATE OF ADJUDICATION - PERCENT REQUIRING 90 DAYS OR LESS
TOTALS FOR REPORTING STATES 1/	115,759,754	100.0	13.3	94.8	99.6
BOSTON 1/	7,051,278	100.0	11.2	94.9	99.5
CONNECTICUT	1,827,571	100.0	10.1	94.5	99.8
MAINE	828,733	100.0	9.6	98.1	99.8
MASSACHUSETTS	3,791,640	100.0	12.4	93.8	99.3
NEW HAMPSHIRE 1/	0	.0	---	---	---
RHODE ISLAND 1/	267,755	100.0	9.5	98.5	99.9
VERMONT	335,579	100.0	9.5	98.7	99.8
NEW YORK	31,907,342	100.0	12.5 2/	97.7 2/	99.9 2/
NEW JERSEY	3,458,123	100.0	10.0	97.9	99.9
NEW YORK	27,784,024	100.0	12.8	97.7	99.9
PUERTO RICO	650,296	100.0	***	***	***
VIRGIN ISLANDS	14,899	100.0	62.8	9.2	63.1
PHILADELPHIA 1/	15,575,578	100.0	12.1	97.1	99.9
DELAWARE	172,597	100.0	8.9	97.4	99.8
WASHINGTON D.C.	934,108	100.0	20.3	83.2	99.0
MARYLAND 1/	10,265,942	100.0	12.6	97.5	99.9
PENNSYLVANIA 1/	2,301,940	100.0	13.1	98.7	99.9
VIRGINIA	1,900,991	100.0	4.4	99.9	100.0
WEST VIRGINIA 1/	0	.0	---	---	---
ATLANTA 1/	11,174,871	100.0	8.3	98.0	99.9
ALABAMA 1/	0	.0	---	---	---
FLORIDA	3,418,655	100.0	7.2	99.8	100.0
GEORGIA 1/	0	.0	---	---	---
KENTUCKY 1/	729,032	100.0	6.1	99.0	99.9
MISSISSIPPI	1,682,801	100.0	8.8	95.8	100.0
NORTH CAROLINA	1,938,110	100.0	6.7	99.5	100.0
SOUTH CAROLINA 1/	669,600	100.0	6.2	96.4	99.1
TENNESSEE	2,736,673	100.0	11.5	96.1	99.7
CHICAGO 1/	12,918,983	100.0	14.1	94.7	99.7
ILLINOIS 1/	0	.0	---	---	---
INDIANA	2,428,123	100.0	13.1	96.9	99.9
MICHIGAN	7,152,369	100.0	15.7	92.6	99.5
MINNESOTA 1/	0	.0	---	---	---
OHIO 1/	0	.0	---	---	---
WISCONSIN	3,338,491	100.0	11.4	97.5	99.9

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, OCTOBER-DECEMBER 1984

HHS REGION AND STATE	NUMBER OF CLAIMS	PERCENT OF TOTAL	TOTAL CLAIMS - DATE OF RECEIPT TO DATE OF ADJUDICATION - AVERAGE DAYS	TOTAL CLAIMS - DATE OF RECEIPT TO DATE OF ADJUDICATION - PERCENT REQUIRING 30 DAYS OR LESS	TOTAL CLAIMS - DATE OF RECEIPT TO DATE OF ADJUDICATION - PERCENT REQUIRING 90 DAYS OR LESS
DALLAS 1/	9,613,208	100.0	13.2	93.8	99.1
ARKANSAS	1,422,124	100.0	9.2	97.5	100.0
LOUISIANA	2,513,851	100.0	14.1	98.1	99.9
NEW MEXICO 1/	155,552	100.0	11.6	92.9	99.7
OKLAHOMA	1,053,019	100.0	36.5	58.4	92.5
TEXAS	4,468,662	100.0	8.5	98.5	99.9
KANSAS CITY 1/	3,252,451	100.0	6.6	96.6	99.7
IOWA 1/	0	.0	---	---	---
KANSAS	861,781	100.0	3.2	99.8	100.0
MISSOURI	2,390,670	100.0	7.8	95.5	99.5
NEBRASKA 1/	0	.0	---	---	---
DENVER 1/	1,481,618	100.0	12.8	94.9	99.6
COLORADO	784,103	100.0	11.9	96.9	99.8
MONTANA	208,674	100.0	14.8	95.4	99.2
NORTH DAKOTA	268,202	100.0	14.8	89.5	99.1
SOUTH DAKOTA	186,783	100.0	8.9	99.3	100.0
UTAH 1/	0	.0	---	---	---
WYOMING	33,856	100.0	27.8	65.1	98.7
SAN FRANCISCO 1/	20,695,350	100.0	19.3	87.3	98.9
CALIFORNIA	20,263,605	100.0	19.4	87.2	98.9
GUAM 1/	14,594	100.0	25.3	66.5	99.3
HAWAII 1/	262,992	100.0	16.8	89.5	99.3
NEVADA	154,159	100.0	14.4	90.9	99.6
SEATTLE 1/	2,089,075	100.0	14.3	94.3	99.9
ALASKA 1/	0	.0	---	---	---
IDAHO	226,827	100.0	13.1	91.1	99.7
OREGON 1/	0	.0	---	---	---
WASHINGTON	1,862,248	100.0	14.5	94.7	99.9

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

APPENDIX

CLAIM DEFINITIONS

A claim is defined as a line item with an associated charge to be adjudicated, except for inpatient hospital services for which a claim is defined as a single hospital billing issued for a portion of, or all of, the inpatient hospital stay. Where a single hospital billing is comprised of more than one document, the billing is counted as a single claim.

Adjudicated for payment claims are claims which have had all claims processing steps completed and the claims are ready for check or warrant writing. Finally, those claims have been neither denied or rejected, and if any of the claims have ever been placed in a pending status these claims have had their pending status resolved and are no longer pending. The following are examples illustrating how this definition applies to different types of claims.

Hospital Outpatient Claims - Some States pay outpatient bills on the basis of total presented charges with a year-end cost report and settlement process used to reconcile charges to costs. In such cases, each individual billing, which may consist of more than one document, should be counted as a single claim. Other States pay outpatient bills on a fee-for-service basis with each line item having an associated charge to be adjudicated. In these cases, each line item should be counted as a single claim.

SNF/ICF Claim - Some States use ledger-type billing forms for SNF/ICF services with several patient names appearing on a single billing instrument. In such cases each patient entry is to be counted as a single claim.

Hospital Inpatient Claim - A claim should be counted for each separate hospital billing issued for a portion of, or all of, the inpatient hospital stay. When a single hospital billing is comprised of more than one document, the billing is counted as a single claim.

Physicians' Claims - Each line item with a separate charge to be adjudicated is counted as a single claim.

CLAIM CATEGORY DEFINITIONS—The definitions below indicate which services (and lines) from the Part IV HCFA-120 are included under each heading:

INPATIENT HOSPITAL

Inpatient Hospital Services (Line 2) - Items and services for the care of inpatients furnished and billed for by a licensed or formally approved hospital (excluding mental hospital under the direction of a physician or dentist).

Mental Hospital Services for the Aged (line 3) - Inpatient hospital services provided to persons age 65 and over in a hospital that is primarily engaged in providing diagnosis, treatment, or other care for individuals with mental diseases. Include services provided in the psychiatric wing of a general hospital.

LONG TERM CARE

SNF/ICF Services for the Aged (Line 4) - Skilled nursing and intermediate care services provided to individuals age 65 and over in a designated institution for the treatment of mental disease.

Inpatient Psychiatric Facility Services for Individuals Age 21 and Under (Line 5) - Items and services provided under the direction of a physician to persons under age 21 in an institution accredited as a psychiatric facility by the Joint Commission on Accreditation of Hospitals. If the recipient is receiving such services immediately before reaching age 21, coverage continues until age 22 is attained (if medically required).

ICF Services for Mentally Retarded (Line 6) - ICF services for mentally retarded persons receiving active treatment in certified institutions for the mentally retarded or for persons with related conditions.

ICF Services--All Other (Line 7) - Services provided to individuals in an intermediate care facility other than those certified for the mentally retarded or an institution for mental disease.

Skilled Nursing Facility (SNF) Services (Line 8) - Skilled nursing or rehabilitative services provided under physician's orders on an inpatient basis and billed for by a certified facility that meets standards for skilled care established under the Title XIX program.

PHYSICIAN

Physicians' Services (Line 9) - Services provided and billed for by an individual licensed under State law to practice medicine or osteopathy. Exclude all such services that are provided as a part of inpatient or outpatient hospital services or of clinic or laboratory services and billed for by the hospital, clinic or laboratory.

PRESCRIBED DRUG

Prescribed Drugs (Line 17) - Simple or compound substances or mixtures of substances prescribed by a physician, dentist, or other licensed practitioner for the cure, mitigation, or prevention of disease, or for health maintenance. For reporting purposes, prescribed drugs will be those dispensed by licensed pharmacists. Includes durable medical goods billed by a pharmacy.

OUTPATIENT

Outpatient Hospital Services (Line 12) - Preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services furnished to outpatients by a hospital and by, or under the direction of, physicians or dentists in a licensed or formally approved hospital.

DENTAL AND OTHER PRACTITIONER

Dental Services (Line 10) - Diagnostic, preventive or corrective procedures administered by, or under the supervision of a dentist. The term "dentist" means a person licensed to practice dentistry or dental surgery.

Exclude all such services provided as a part of inpatient hospital, outpatient hospital, clinic, or laboratory services and billed for by the hospital, clinic, or laboratory.

Other Practitioner (Line 11) - Services provided by practitioners, other than physicians and dentists, whose services are specified in the State plan. Examples of other practitioners are chiropractors, professional nurses, podiatrists, psychologists, optometrists, and Christian Science practitioners, when recognized under State law. Services of professional nurses include private duty nursing services as defined in 42 CFR 440.80 when recognized in the State plan. If the services of other practitioners are billed for by a hospital they are to be considered as inpatient or outpatient hospital services, as applicable. If eyeglasses or hearing aids are billed for by the professional practitioner, they should be included under "Other Practitioner Services"; otherwise, they should be billed under "Other Care."

CROSSOVER CLAIMS

Part A Crossover Claims (Line 22) - Claims for which all but deductible and coinsurance amounts have already been paid under Medicare hospital insurance program.

Part B Crossover Claims (Line 23) - Claims for which all but deductible and coinsurance amounts have already been paid under Supplemental Medical Insurance Benefits.

ALL OTHER

Clinic Services (Line 13) - Preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services furnished to outpatients by, or under the direction of, physicians or dentists in a facility which is not part of a hospital, but which is organized and operated to provide such services to outpatients. A clinic staff may include practitioners with different specialities. A group of physicians who share space, services of supporting staff, etc., only for mutual convenience should be considered physicians for reporting purposes rather than a clinic, even though they practice under the name of a clinic.

Home Health Services (Line 14) - The following items and services furnished to a patient in his home (excluding a hospital or nursing home) on recommendation of a physician; intermittent or part-time nursing services provided by a home health agency, or by a registered professional nurse, or licensed practical nurse where no home health agency is available to provide such services; medical supplies, equipment, and supplies suitable for use in the home (where billed by a home health agency); and services of a home health aide and physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services.

Family Planning Services (Line 15) - Medically approved services, other than sterilization, including diagnosis, treatment, drugs, supplies, devices, and related counseling, provided or prescribed by or under the supervision of a physician for individuals of child-bearing age for purposes of enabling such individuals to freely determine the number and spacing of their children.

Laboratory and Radiological Services (Line 16) - Professional laboratory and radiological services that are ordered by a physician or other licensed practitioner, and provided to a patient in an office or similar facility (other than a hospital outpatient department or clinic), or by a qualified laboratory, or physician who provides only such services.

Early and Periodic Screening (Line 18) - Physical and mental health assessments given to Medicaid-eligible individuals under age 21 to carry out the screening provisions of the EPSDT program. These assessments may be done on a group basis in a clinic or by individual practitioners in their offices.

Rural Health Clinic Services (Line 19) - Services provided in a clinic designated by the Secretary to be in a rural, medically underserved area. Services provided by a physician assistant or nurse practitioners working in a rural clinic will be covered if: (1) they are otherwise covered when provided by a physician and (2) the physician assistant or nurse practitioner is legally authorized under State law to perform the services. Services and supplies presently covered when provided as incident to a physicians' service will also be covered. In addition, if there is a shortage of home health agencies in the area, covered services include part-time visiting nurse care and related services provided to a homebound patient by a nurse employed by the rural health clinic.

Sterilization Services (Line 20) - Medical procedures, treatments, or operation performed for the primary purpose of rendering an individual permanently incapable of reproduction.

Other Care (Line 21) - Medical care or services listed in 42 CFR 440, but not classifiable under one of the above defined categories.

EXPLANATION OF TABLE HEADINGS

TABLE 1

Number of Claims - Number of claims processed to completion by the State, fiscal agent, or health insurance plan during the report period. Includes only claims which result in payments or in offsets to a provider's balance due to the State.

Percent Distribution - The percentage that the number of claims for each type of service is of the total number of adjudicated claims for that State.

Average Days From Date of Receipt to Date Adjudicated - The mean number of elapsed days from date of receipt to date of final adjudication.

NOTE: Date of Receipt—The date the claim is received at the State or fiscal agent claims processing facility. For Title XVIII crossover claims this date is the date which the claim is received in the claims processing facility after Medicare has paid its share.

Date of Adjudication—The date on which the claim is fully adjudicated and available for payment (although issuance of a warrant may not occur for several days in most States).

Percent of Claims Requiring 30 (90) Days or Less From Date of Receipt to Date of Adjudication—The percent of claims which were adjudicated during the reporting period for which 30 (90) days or less elapsed from date of receipt to date of adjudication.

U.S. GOVERNMENT PRINTING OFFICE - 1985 - 461-292/20402

CMS LIBRARY
3 8095 00014370 7